

Chapter Three

Encounter Authorizations & Control Documents

I. Introduction

Before a Contractor may submit encounter data, AHCCCSA requires the completion of certain agreements, authorizations and control documents. In addition, a Contractor must submit a concurrent attestation certification indicating that, based on best knowledge, information and belief, data submitted to AHCCCSA is accurate, complete and truthful. These documents are as follows:

- Form 1: Health Plan/Program Contractor Encounter Submission Notification and Transmission Submitter Number (TSN) Application
- Form 2: Electronic Data Interchange Agreement Form
- Form 3: Certification Form – this form is submitted with each data file

II. Purpose of Control Documents

AHCCCSA requires control documents for legal purposes. They provide:

- A supplemental, contractual agreement specific to AHCCCSA and the Contractor for the submission, acceptance and processing of encounter data;
- AHCCCSA with the names and signatures of Contractor representatives authorized to submit encounter data; and
- Authorization for AHCCCSA to process the information on encounter data files, and verifies that it is accurate, complete, and truthful.

Note that if a Contractor intends to change vendors (this would include termination or change of a contract with the vendor), the Contractor must notify the Encounter Operations Unit prior to the change. AHCCCSA will then require completion of new control documents authorizing encounter submissions from the new vendor.

III. Testing Process for New Contractors

In order to ensure the success of encounter data submissions, new Contractors must go through a testing phase before submitting official encounter data to AHCCCSA. Prior to beginning the testing phase, Contractors must have provided all necessary control documents to the AHCCCS Encounter Manager. New Contractors are encouraged to begin this process as soon as possible after the award of a contract. Once the Encounter Operations Unit receives the necessary authorizations, AHCCCSA will assign a *Transmission Submitter Number* (TSN) and notify the Contractor. AHCCCSA will also schedule a training session for the Contractor and/or designated subcontractor during which the testing process will be reviewed.

Technical assistance is available from Encounter Operations Unit staff during the testing period. When AHCCCSA verifies that a Contractor has successfully completed the testing process, the Contractor will be allowed to begin submitting encounters.

IV. Control Documents Form Instructions

Instructions for all encounter submission-related forms are available from the Encounter Operations Unit. Samples of these are included and discussed in Exhibits 3A, 3B, and 3C.

EXHIBIT 3A

Form 1

Health Plan/Program Contractor Encounter Submission Notification And Transmission Submitter Number (TSN) Application

Form 1

**Health Plan/Program Contractor Encounter Submission Notification and
Transmission Submitter Number (TSN) Application**

This form provides notice to the Encounter Operations Unit of the designated person authorized to submit and receive encounter data and related information from AHCCCSA. It also furnishes an estimate of monthly encounters to be reported by the Contractor. Contractors must complete this notification form before testing and submitting encounter data to AHCCCSA.

Upon receipt of this form, a TSN is issued. The TSN allows AHCCCS to identify the Contractor identification numbers and county codes for which that Transmission Submitter is authorized to submit encounters.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	Enter the date the Contractor will begin submitting encounters to AHCCCSA.
4-8	Enter the Contractor's complete address and telephone number, and encounter contact person and contact person's telephone number
9-12	Monthly estimate of volumes for HCFA-1500, UB-92, Universal Drug and Dental encounters that will be submitted to AHCCCSA.
13	Enter the name of the person authorized to send and receive encounter data (may be an employee of the Contractor or an employee of a subcontracted vendor).
14.	Type or print the CEO/Administrator's name.
15.	Enter the date the form is signed.
16.	Signature of the CEO/Administrator.

Arizona Health Care Cost Containment System
701 East Jefferson, Mail Drop 8500, Phoenix, Arizona 85034

Health Plan/Program Contractors Encounter Submission Notification And Transmission Submitter Number (TSN) Application

In order to submit encounter data to AHCCCS, Health Plans/Program Contractors (Contractors) must be assigned a Transmission Submitter Number (TSN). To apply for your Contractor TSN, please complete this application and forward to the Encounter Operations Unit.

Health Plan/Program Contractor Name:**1.****Number:****2.**

As representative for the above Health Plan/Program Contractor (Contractor), I hereby notify the Encounter Operations Manager of the AHCCCS Administration that the Contractor's encounter submission will start on ____/ **3.** / _____. The Contractor named above agrees to submit all encounter data, and correct any encounter submission errors within the limited time frame prescribed by the AHCCCS Administration.

Contractor Address: (Street)

4.

(City, State & Zip Code)

5.

Contractor Telephone Number:

6.

Contact Person's Name:

7.

Contact Person's Telephone Number:

8.

Contractor estimates that the monthly average encounter submission volume will be as follows:

HCFA-1500 Encounters:**9.****UB-92 Encounters:****10.****Form C Encounters:****11.****Form D Encounters:****12.**

Contractor requests that encounter related files/reports from the AHCCCS Administration be made available to:

13.

CEO/Administrator:

14.

Date:

/ 15. /

Signature:

16.

EXHIBIT 3B

Form 2

Electronic Data Interchange Agreement Form

Form 2

Electronic Data Interchange Agreement Form

The **Electronic Data Interchange (EDI)** Agreement Form is a contract between the Contractor and AHCCCSA, which authorizes AHCCCSA to accept, encounter data submitted via EDI. The contract also holds the Contractor responsible for submitting this data in accordance with applicable Rules and Regulations, and within file specifications.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	Type or print the CEO/Administrator's name.
4.	Enter the date the form is signed.
5.	Signature of the CEO/Administrator.

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Electronic Data Interchange Agreement Form

1. _____ (Health Plan/Program Contractor, herein called

"Contractor") is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA. The Contractor certifies that the encounter data so recorded and submitted as input data are in accordance with all procedures, rules, regulations and statutes now in effect. If any of those procedures, rules, regulations or statutes is hereafter amended, the Contractor agrees to conform to those amendments of which Contractor has been notified. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

In consideration of AHCCCSA's acceptance of the Contractor's input data, the Contractor agrees to be responsible for any incorrect or delayed payments made to the Contractor as a result of any error, omission, deletion, or erroneous insert caused by the Contractor in the submitted input data. In the event of any inconsistencies between the input data and underlying source documents, whether set forth in encounter forms or otherwise, AHCCCSA shall rely on the input data only.

The Contractor further agrees to hold AHCCCSA harmless from any and all claims of liability (including but not limited to consequential damages, reimbursement of erroneous billings and reimbursement of attorney fees) incurred as a consequence of any such error, omission, deletion, or erroneous input data. AHCCCSA shall not be responsible for any incorrect or delayed payments to the Contractor resulting from any error, omission, deletion or erroneous input data that does not meet the standards prescribed by AHCCCSA. Erroneous encounter input data shall be returned to the Contractor for correction and resubmission, within the limited time frame prescribed by AHCCCSA, at the Contractor's cost.

The Contractor herewith authorizes AHCCCSA to (1) make administrative corrections on submitted encounter data to enable the automated processing of the same; and (2) accept original evidence of services rendered and encounter data in a form appropriate for automated data processing.

The Contractor agrees and certifies that the Contractor's Certification appearing on all encounter forms in use as of a given submission date are incorporated by reference in this agreement, shall remain valid and applicable to all encounter data submitted, and herewith are adopted by the Contractor as though individually executed. Additionally, Contractor certifies that based on best knowledge, information, and belief all data submitted to AHCCCSA will be accurate, complete, and truthful.

Contractor Number: _____ **2.** _____

CEO/Administrator: _____ **3.** _____ Date: _____ / **4.** / _____

Signature: _____ **5.** _____

EXHIBIT 3C

Form 3

Data Certification Form

Form 3

Data Certification Form

The **Data Certification** Form certified by the Chief Executive Officer, Chief Financial Officer, or an individual who has delegated authority to sign for, and who reports directly to Chief Executive Officer or Chief Financial Officer, must attest, based on best knowledge, information, and belief, that data is complete, accurate, and truthful and complies with 42 CFR Sections 438.604 and 438.608. Contractor is responsible for submitting this data in accordance with applicable Federal and State laws, rules, policies and the AHCCCSA contractor contract and within file specifications. The Data Certification Form must be submitted concurrently with the certified data and must be matched to Contractor's file or document prior to file or document processing or use.

The Data Certification Form may be submitted and signed electronically. If submitted and signed electronically, the preferred method of concurrent submission is to append electronic certification form to outer ISA or data transmission envelope.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	File or document name. Certification form must be matched to Contractor's file or document prior to processing or use.
4.	Expected or actual submission date to AHCCCSA.
5.	Type or print the CEO/Administrator's, CFO's, or Delegated Representative's, who is a direct report to CEO or CFO, name and title.
6.	Enter the date the form is signed.
7.	Signature of the CEO/Administrator, CFO, or Delegated Representative.

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Data Certification Form

1. _____	Contractor Name
2. _____	Contractor ID
3. _____	File or Document Name
4. _____	Date of Expected or Actual File/Document Submission

Health Plan/Program Contractor/ADHS/DBHS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA.

By my signature below, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA/Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

CEO/Administrator

5.

Date: / 6./

CFO

Delegated Representative:

Title: _____

Signature: _____

7.